

FILED DEC 13 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NO.

42150
11281

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FIRMIN DESLOGE Hosp.</u>		Length of stay in lb		d. STREET ADDRESS <u>223 S. 13th</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>TERESA JANDOS</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>23</u> Year <u>1957</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT 9 1864</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) <u>AUSTRIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOWED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		13. FATHER'S NAME <u>WILLIAM SUCHMAN</u>	
14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT Address <u>MARIE O'CONNELL 1325 S. GRAND</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of Right Hip</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>suffered when she collapsed</u> <u>on the night of 12, 1957.</u> <u>Exact time unknown.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>E904.021</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>Exact time unknown.</u>					
20c. TIME OF INJURY Hour <u>3</u> a. m. <u>11</u> p. m. <u>12</u> Day <u>12</u> Month <u>11</u> Year <u>1957</u>		20d. PLACE OF INJURY (i. e., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>					
20e. CITY, TOWN, OR LOCATION <u>St Louis Mo</u>		20f. COUNTY <u>Mo</u> STATE					
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at <u>1110 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Patrick J. Taylor Coroner</u>				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>11-26-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Nov. 26 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER & PAUL</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>	
24. FUNERAL DIRECTOR <u>Thomas Kuter 2906 Gravis</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 25 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith m. d.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Elton R. Remick

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.